

Monroe Orthotics and Prosthetics Notice of Privacy Practices

Effective Date: February 14, 2007

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this notice, please contact the Monroe Orthotics and Prosthetics privacy officer at (845) 782-9191, or by mail to: Monroe Orthotics and Prosthetics Privacy Officer, 52 Millpond Parkway, Monroe, NY 10950.

Who will follow this notice

This notice describes Monroe Orthotics and Prosthetics' practices and that of (a) any health care professional authorized to enter information into your medical record, (b) all departments and units of the system, (c) volunteers we allow to help you while you are in the facility, and (d) all members of Monroe Orthotics and Prosthetics' workforce. All Monroe Orthotics and Prosthetics entities, sites and locations follow the terms of this notice, including, but not limited to: Monroe, Suffern, Fishkill, Brooklyn and Poughkeepsie New York sites and locations.

Contracted services also follow the terms of this notice, these individuals, entities and facilities may share medical information with each other for payment, treatment or hospital operations purposes as described in this notice

Our pledge regarding medical information

We understand that medical information about you and your health is personal. We are committed to protecting that medical information. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Monroe Orthotics and Prosthetics organization, whether made by organization personnel or your personal physician. Your personal physician may have different policies or notices regarding his or her use and disclosure of medical information created in his/her office clinic.

This notice tells you about the ways in which we may use and disclose information about you. It also describes your rights and certain obligations we have regarding use and disclosure of medical information.

We are required by law to:

Make sure that health-related information that identifies is kept private.

Give you this notice of our legal duties and privacy practices with respect medical information about you.

Follow the terms of the notice that are currently in effect.

How we may use and disclose medical information about you

The following categories describe the ways that we use and disclose health-related information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be addressed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

For treatment. We may use and disclose information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, medical students or other hospital personnel who are involved in your care. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others who provide services that are part of your care.

For payment. We may use and disclose medical information about you so the treatment and services you receive at Monroe Orthotics and Prosthetics may be billed to and payment may be collected from you, an insurance company or a third party. (For example, we may need to give your health plan information about the device you received so your health plan will pay us or reimburse you for the device.) We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

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For health care operations. We may use and disclose information about you for normal operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive quality care. If we do disclose medical information to a business associate, we will do so subject to a contract that provides that the information will be kept confidential.

Appointment reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment.

Follow-up phone calls. As part of your treatment plan, there may be times that you will be contacted by Monroe Orthotics and Prosthetics staff via telephone after you have service at Monroe Orthotics and Prosthetics or one of its affiliated entities. Examples include:

Follow-up phone call after discharge from the facility to answer any questions from the patient or family or to determine that the patient is recovering appropriately.

Phone call to address patient satisfaction issues.

Phone call to provide additional education or guidance to the patient on a particular topic related to their treatment. Such phone calls will be limited and are meant to ensure optimum recovery, patient satisfaction and education.

Individuals involved in your care or payment for your care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. (For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.) All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process; however, we may disclose medical information about you to people preparing to conduct a research project to help them look for patients with specific medical needs. When our staff conducts a research project, in which they look back at old medical records, your personal information will not be disclosed outside the hospital nor will you be identified in any reports. If a research project is conducted where your information cannot be held confidential, a separate process is in place for you to consent to this type of research.

Service excellence. We may follow up your visit with us by sending to the address listed in your records a brief written survey about your satisfaction with the level of service provided to you. In some cases, the survey may be conducted by telephone or e-mail using the contact information listed in your medical record. In some instances your name may be passed on to members of the service excellence team to investigate a complaint or corroborate an incident.

As required by law. We will disclose medical information about you when required to do so by federal, state or local law.

To avert a serious threat to health or safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special situations

Military and veterans. If you are a member of the armed forces, we may release medical information about you as required by military authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public health risks. We may disclose medical information about you for public health activities. These activities generally include the following:

To prevent or control disease, injury or disability.

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To report births and deaths.

To report child abuse or neglect.

To report reactions to medications or problems with products.

To notify people of recalls of products they may be using.

To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence.

Health oversight activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with applicable laws.

Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law enforcement. We may release medical information if asked to do so by a law enforcement official:

In response to a court order, subpoena, warrant, summons or similar process.

To identify or locate a suspect, fugitive, material witness or missing person.

About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.

About a death we believe may be the result of criminal conduct.

About criminal conduct at the hospital.

In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, medical examiners and funeral directors. We may release medical information to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

National security and intelligence activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your and others' health and safety, or for the safety and security of the correctional institution.

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Your rights regarding medical information about you

You have the following rights regarding the medical information we maintain about you:

Right to inspect and copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. (Usually, this includes medical and billing records but does not include psychotherapy notes.)

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Monroe Orthotics and Prosthetics, 52 Millpond Parkway, Monroe, NY 10950. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If you have questions about this prior to asking for this information in writing, please call the health information services department at (845) 782-9191.

We may deny your request to inspect and copy your medical information in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Monroe Orthotics and Prosthetics will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Monroe Orthotics and Prosthetics.

To request an amendment while you are a patient in the facility, you may ask the person who made the chart entry (such as prosthetist or orthotist). This person will include your request as a progress note in the chart to show the clarification, correction or response.

Requests to amend a medical record must be made in writing and submitted to Monroe Orthotics and Prosthetics, 52 Millpond Parkway, Monroe, NY 10950. If you do so in person, there is a form that will be provided to you to request this amendment. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

Is not a part of the medical information kept by or for Monroe Orthotics and Prosthetics.

Is not part of the information which you would be permitted to inspect and copy.

Is accurate and complete.

Right to an accounting of disclosures. You have the right to request an accounting (list) of certain types of disclosures we have made of medical information about you. We are not required to account for disclosures that were:

Authorized by you.

To carry out treatment, payment and healthcare operations.

Made to you of health information about you.

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For our facility directory.

For purposes of notifying persons involved in your care of your location, general condition or death.

For national security or intelligence purposes.

To correctional institutions or law enforcement officials as noted above.

To request an accounting of disclosures, you must submit your request in writing to Monroe Orthotics and Prosthetics, 52 Millpond Parkway, Monroe, NY 10950.

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. If you have questions about this prior to asking for this information in writing, please call (845) 782-9191.

Right to request restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. (For example, you could ask that we not use or disclose information about a surgery you had, or you could ask that information about you not be included in the facility directory.)

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you want to request a restriction, you must complete a "Request to Invoke/Revoke Restrictions on Disclosure of Protected Health Information" form available at any Monroe Orthotics and Prosthetics registration area or submit your request in writing to Monroe Orthotics and Prosthetics, 52 Millpond Parkway, Monroe, NY 10950. The written request must include:

What information you want to limit.

Whether you want to limit our use, disclosure or both.

To whom you want the limits to apply (for example, disclosures to your spouse or other family members). We will reply to you within 60 days.

Right to request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. (For example, you can ask that we only contact you at work or by mail.)

To request confidential communications, you must make your request in writing to Monroe Orthotics and Prosthetics, 52 Millpond Parkway, Monroe, NY 10950. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our Web site,

To obtain a paper copy of this notice, go to any Monroe Orthotics and Prosthetics, 52 Millpond Parkway, Monroe, NY 10950, admitting/registration area.

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Changes to this notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page the effective date. Revised copies of this notice will be available at your next visit.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the facility, contact the Monroe Orthotics and Prosthetics Privacy Officer, Monroe Orthotics and Prosthetics, 52 Millpond Parkway, Monroe, NY 10950. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other uses of medical information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Revocation, you understand, means that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.